

FINAL MINUTES

MEETING OF:

PATIENT SAFETY AUTHORITY

ONE HACC DRIVE
WILDWOOD CONFERENCE CENTER BUILDING
HARRISBURG, PENNSYLVANIA

TIME: 11:04 A.M.

DATE: NOVEMBER 14, 2006

PATIENT SAFETY AUTHORITY

November 14, 2006

Board Members:

Anita Fuhrman, R.N., B.S.
Joan M. Garzarelli, R.N., MSN
Roosevelt Hairston, Esquire
Lorina Marshall-Blake
Ana Pujols-McKee, M.D., Chairperson
Gary A. Merica, R.Ph.
Cliff Rieders, Esquire
Stanton Smullens, M.D.
Marshall Webster, M.D. [by telephone]

PSA Personnel:

Alan B. K. Rabinowitz, Board Administrator
Sharon Hutton, Administrative Assistant
Laurene M. Baker
Barbara Holland, Esquire, Board Counsel

Also Present:

John Clarke, M.D., ECRI, PA-PSRS Clinical Director
William Marella, ECRI, PA-PSRS Project Manager
Patricia Ventrone, Department of State
Melissa Speck, Director, Policy Development, Hospital and
Healthsystem Association of Pennsylvania

PATIENT SAFETY AUTHORITY
Public Meeting
November 14, 2006
Agenda

- I. Call to Order
- II. Approval of September 12, 2006 Meeting Minutes
- III. Report of the Board Chair
- IV. Report of the Board Administrator
- V. Committee Reports
- VII. PA-PSRS Update
 - Data "Dashboard"
 - Review of Recent System Enhancements
- VIII. Old Business
 - Update on the Board workgroup on clarifying the Program Memorandum related to identifying Serious Events
 - Presentation by Dr. Clarke on Quality Initiative
re: Colonoscopy
- IX. New Business
 - Budget for FY2006-07 and recommendation for facility assessment: Patricia Ventrone, Director, Division of Fiscal Management, Department of State
 - Meeting Dates for 2007
 - Nomination of Officers
 - Data Request from Andrew Wigglesworth, Delaware Valley Healthcare Council/Health Care Improvement Foundation

X. Public Comments

XI. Adjournment

PATIENT SAFETY AUTHORITY

NOVEMBER 14, 2006

The regularly scheduled meeting of the Patient Safety Authority was held on Tuesday, November 14, 2006. Ana Pujols-McKee, Chairperson, called the meeting to order at 11:04 a.m.

There was a request for the approval of the September 12 Board minutes. This was MOVED by Mr. Smullens and SECONDED by Ms. Marshall Blake. Dr. McKee noted that there was no meeting in October but some of the group went to Washington for the John Eisenberg Award presentation. She also noted that she participated in a PBS filming on patient safety, to be broadcast at a later date. Dr. McKee then announced that Mr. Rabinowitz had submitted his resignation as administrator of the Authority. [For the record, Mr. Rabinowitz's resignation is effective December 29, 2006.]

Report of Board Administrator

Mr. Rabinowitz discussed the legislation passed earlier this year related to abortion facilities. They will be subject to mandatory reporting after January 1, 2007. The

Authority sent written communication to all 32 facilities that might be subject to the law; this includes some free-standing physician offices, Planned Parenthood centers, and various clinics. The law requires only those abortion facilities that perform 100 or more procedures in a year to submit reports through PA-PSRS. A training session is scheduled the second week of December to train their staff on how to use PA-PSRS. Mr. Rabinowitz then advised the Board that the Pennsylvania Health Care Cost Containment Council (PHC4) was holding a press conference at this time to announce hospital-specific information related to hospital infections.

PA-PSRS Update

Mr. Marella, project manager at ECRI, gave a PA-PSRS update. At the last Board meeting there was interest expressed in seeing more detailed information about the reports being submitted through PA-PSRS. In response, Mr. Marella walked the Board through a PowerPoint presentation of a data "dashboard." The dashboard included three sections. The first section showed quarterly report volume by event type. The second section showed a number of event categories of problems that have been reported that may be useful measures of success in the sense that they may be

able to be reduced to zero. Examples of these include wrong side/wrong site surgery, foreign bodies left in patients, and colon perforations. There has been previous discussion about initiating several projects aimed at reducing a number of these events. Mr. Marella noted there is not a lot of variation between quarters. The information must be further broken down to provide any clinical relevance. The third section presents the use of selected program features. Some of these are broad indicators in the level of interest in different aspects of the program and the use of information and tools the Authority has provided to PA-PSRS users and the patient safety community. These include the use of analytical reports by PA-PSRS users, use of the interface, and hits to the Authority website which is a proxy for interest in the Advisory articles. There was some discussion regarding the level of detail provided in the first section with Board members suggesting more detail may be appropriate. Mr. Marella and Mr. Rabinowitz noted that in line with what Mr. Merica had suggested at a previous Board meeting, PA-PSRS analysts could periodically present detailed information regarding specific event types at future Board meetings. Dr. McKee stated that she thinks the information presented is going in the right direction and should be part of the

monthly report, but would like to see if the information could be "sliced and diced" in different ways and some detail regarding how reports fit into National Patient Safety Goals.

At the October Board meeting, Dr. Smullens had asked for some greater visibility related to recent changes that had been made to PA-PSRS. In response, Bill Marella gave a presentation to the Board covering several of the more significant changes that affected PA-PSRS users.

Mr. Marella stated there had been several hundred enhancements made to PA-PSRS over time, but he would present four specific recent changes that may interest the Board. The first was the implementation of a drug dictionary. This dictionary provides an electronic drop down list of thousands of drugs to choose when answering PA-PSRS questions related to medication errors and adverse drug reaction events. Using the drug dictionary will improve the accuracy of spelling drug names, reduces the reporting burden, and improves analysis through standardization. The second highlighted enhancement is aimed at reducing facility reporting burden. Facilities report information to many programs including Medwatch which is run by the FDA. This enhancement provides for the automated population of a Medwatch form using PA-PSRS data.

When someone submits a case to PA-PSRS, rather than retype it on a Medwatch form, they can auto-populate that information directly from the PA-PSRS database, print the form, and mail it to the FDA. The third enhancement is an analytical report which helps facilities track the reports they've submitted to PA-PSRS that are related to the various National Patient Safety Goals. The report allows a facility to track their own incident and serious event reports in various buckets related to National Patient Safety Goals. Some examples of the patient safety goals include the accuracy of patient identification, improving the safety of using medications, and reducing the risk of patient harm through falls. The report will also allow them to see which reports are falling into each particular goal category. The fourth enhancement allows each facility to export every data field associated with reports they've submitted. This is done in an XML format allowing facility's to import their own data into Microsoft Excel, Microsoft Access or other commercially available database or spreadsheet program. This enhancement allows facilities to perform queries on their own data that are potentially as sophisticated as what PA-PSRS is doing using state-wide data. Mr. Marella demonstrated the first three enhancements using a PowerPoint slide presentation.

Old Business

Dr. Clarke addressed colonoscopy perforations. He discussed a proposed project to drive safe care and challenge the concept that you have to put up with certain types of complications just because they exist. The project would include a focused assessment, using volunteer hospitals, trying to understand the basic problems in terms of process factors and patient risk factors. In this manner we would look at the processes by which care is delivered and determine which processes produce the most reliable and predictable outcome as judged by successful execution. Dr. Clarke outlined a two year project including a year collecting information on patients and identifying correctable risk factors. The second year would include an educational program to assist institutions in implementing the appropriate processes, monitoring the implementations, and measurement of improvement in the number of perforations. Dr. Clarke said an objective goal would be to reduce perforations by fifty percent. There followed some discussion on this outlined procedure. Ms. Holland raised a concern about the authority of the Authority to conduct this type of research project. Dr. Smullens made a MOTION that we support this project contingent on any of

the legal aspects. Mr. Rieders asked if he would entertain the amendment to include budgetary analysis. Dr. Smullens said yes. Ms. Fuhrman SECONDED the motion. Ms. HUTTON took a roll call vote. The vote was UNANIMOUS.

New Business

Patricia Ventrone, Chief of Fiscal Management in the Department of State's Bureau of Finance and Operations, reviewed the Patient Safety Authority's past expenses and proposed budget for the current fiscal year in preparation for a Board vote on a recommendation related to the facility assessment for this year. There was a brief recap of fiscal years 2003 through 2006. For 2006-2007, Ms. Ventrone anticipated total expenditures of \$3.9 million. The Board discussed the various line items and some members asked for additional detail about miscellaneous operating costs. In response to a question about the timing of the budget discussion, Mr. Rabinowitz explained that the budget process had started in April when the Board's Secretary/Treasurer and members of the budget committee ok'd the proposed budget in anticipation of a Board vote in May. However, at that time the Board chose to delay consideration until it had completed a strategic plan. Mr. Rabinowitz noted that the budget being considered is for

the current fiscal year, which is almost half over, and opined that "as administrator, I am strongly encouraging the Board to vote on the assessment issue so that the Department of Health can issue those letters [of assessment]." There was lengthy discussion on budget line items and the budgetary and assessment process.

MR. HAIRSTON:

I make a motion to approve the budget subject to any sort of detail that people need to see which I don't really need to see, but subject to the detail that other people may need to see.

DR. SMULLENS:

I second.

Ms. Hutton called the roll. The vote was UNANIMOUS. Ms. Holland then raised some concerns about the Authority's statutory authority under Act 13 and the facility assessment process. There was discussion about this issue and the nature of the assessment.

MR. HAIRSTON:

I move that the Board recommend an assessment of \$2.5 million for this current fiscal year.

MR. MERICA:

I second that.

After continued discussion, Ms. Hutton called the roll and

the vote in favor of the motion was UNANIMOUS.

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Dr. McKee then turned to a recent letter from Andrew Wigglesworth of the Delaware Valley Health Care Council requesting certain types of information about hospital reports from facilities in the southeastern counties. She proposed that a subset of the Board conduct a telephone conference call with Mr. Wigglesworth to discuss details of the proposal and suggested that Barbara Holland, herself and any other Board members interested in that discussion could participate in the call. Mr. Merica, Ms. Holland, Ms Pujols-McKee, and Ms. Marshall-Blake will have the phone conference and report back at the next meeting.

The next item on the agenda was selecting meeting dates for 2007. After brief discussion, it was the consensus of the Board to continue holding public meetings on the second Tuesday of each month. The exception for now is the March meeting, which will be held on the first Monday of March concurrent with the 2007 Patient Safety Symposium in Gettysburg.

Mr. Rabinowitz then raised the issue of Board officers and called for nominations and a subsequent vote. It was

decided that Board members could email nominations for the positions of Vice Chair and Secretary/Treasurer to Mr. Rabinowitz and the election would take place at the next public meeting.

Dr. McKee then opened the floor to public comment. Melissa Speck, representing the Hospital and Healthsystem Association of Pennsylvania, provided an update on the upcoming Patient Safety Symposium scheduled for March 5 and 6, 2007, in Gettysburg. She noted that HAP is very supportive of the Authority's holding its public meeting at the symposium location so symposium attendees who arrive early will have the opportunity to observe the Authority.

Mr. Rabinowitz reminded those members on the ECRI Contract Review Committee that the committee will meet following the lunch break. He noted that appropriate handout materials were prepared and there were additional binders if other Board members wanted to join the committee. Mr. Rieders then suggested that Dr. McKee appoint a Search Committee to deal with the issue of a new administrator pending Mr. Rabinowitz's resignation. Dr. McKee, Mr. Rieders and Dr. Smullens will serve on the committee.

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[Meeting adjourned at 12:55 p.m. on November 14, 2006]

R.O'B/S